



Complete Summary

TITLE

Stroke and stroke rehabilitation: percentage of patients aged 18 years and older with the diagnosis of *ischemic stroke* or *TIA* who were prescribed antiplatelet therapy at discharge.

SOURCE(S)

American Academy of Neurology, American College of Radiology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Stroke and stroke rehabilitation physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2006 Sep. 19 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients aged 18 years and older with the diagnosis of ischemic stroke OR transient ischemic attack (TIA) who were prescribed antiplatelet therapy at discharge.

RATIONALE

Following a stroke, patients should be on antiplatelet therapy to decrease the risk of additional strokes.*

*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

We recommend that every patient who has experienced a noncardioembolic (atherothrombotic, lacunar, or cryptogenic) stroke or transient ischemic attack (TIA) and has no contraindication receives an antiplatelet agent regularly to reduce the risk of recurrent stroke and other vascular events. Aspirin, 50 to 325 mg qd; the combination of aspirin, 25 mg, and extended-release dipyridamole, 200 mg bid; or clopidogrel, 75 mg qd, are all acceptable options for initial therapy. (American College of Chest Physicians [ACCP]) (Grade 1A)

For patients with noncardioembolic ischemic stroke or TIA, antiplatelet agents rather than oral anticoagulation are recommended to reduce the risk of recurrent stroke and other cardiovascular events. (American Stroke Association [ASA])

Aspirin (50 to 325 mg/d), the combination of aspirin and extended-release dipyridamole, and clopidogrel are all acceptable options for initial therapy. (ASA)

PRIMARY CLINICAL COMPONENT

Ischemic stroke; transient ischemic attack (TIA); antiplatelet therapy

DENOMINATOR DESCRIPTION

All patients aged 18 years and older with the diagnosis of ischemic stroke OR transient ischemic attack (TIA) (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients who were prescribed antiplatelet therapy at discharge

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Antithrombotic and thrombolytic therapy for ischemic stroke: the Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy.](#)
- [Guidelines for prevention of stroke in patients with ischemic stroke or transient ischemic attack. A statement for healthcare professionals from the American Heart Association/American Stroke Association Council on Stroke: co-sponsored by the Council on Cardiovascular Radiology and Intervention: The American Academy of Neurology affirms the value of this guideline.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

McGlynn EA, Asch SM, Adams J, Keesey J, Hicks J, DeCristofaro A, Kerr EA. The quality of health care delivered to adults in the United States. N Engl J Med 2003 Jun 26;348(26):2635-45. [PubMed](#)

Reeves MJ, Arora S, Broderick JP, Frankel M, Heinrich JP, Hickenbottom S, Karp H, LaBresh KA, Malarcher A, Mensah G, Moomaw CJ, Schwamm L, Weiss P, Paul Coverdell Prototype Registries Writing Group. Acute stroke care in the US: results from 4 pilot prototypes of the Paul Coverdell National Acute Stroke Registry. Stroke 2005 Jun;36(6):1232-40. [PubMed](#)

Thom T, Haase N, Rosamond W, Howard VJ, Rumsfeld J, Manolio T, Zheng ZJ, Flegal K, O'Donnell C, Kittner S, Lloyd-Jones D, Goff DC Jr, Hong Y, Adams R, Friday G, Furie K, Gorelick P, Kissela B, Marler J, Meigs J, Roger V, Sidney S, Sorlie P, Steinberger J, Wasserthiel-Smoller S, Wilson M, Wolf P. Heart disease and stroke statistics--2006 update: a report from the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Circulation 2006 Feb 14;113(6):e85-151. [PubMed](#)

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component**INCIDENCE/PREVALENCE**

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories**IOM CARE NEED**

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure**CASE FINDING**

Users of care only

DESCRIPTION OF CASE FINDING

All patients aged 18 years and older with the diagnosis of ischemic stroke OR transient ischemic attack (TIA)

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients aged 18 years and older with the diagnosis of ischemic stroke OR transient ischemic attack (TIA)

Exclusions

- Documentation of medical reason(s) for not prescribing antiplatelet therapy at discharge (including identification from medical record that the patient is on anticoagulation therapy)
- Documentation of patient reason(s) for not prescribing anticoagulation therapy at discharge

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Institutionalization

DENOMINATOR TIME WINDOW

Time window brackets index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients who were prescribed antiplatelet therapy at discharge

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Institutionalization

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Measure #2: discharged on antiplatelet therapy.

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

MEASURE SET NAME

[Stroke and Stroke Rehabilitation Physician Performance Measurement Set](#)

SUBMITTER

American Medical Association on behalf of the American Academy of Neurology, American College of Radiology, the National Committee for Quality Assurance, and the Physician Consortium for Performance Improvement®

DEVELOPER

American Academy of Neurology
American College of Radiology
National Committee for Quality Assurance
Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

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FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

ENDORSER

National Quality Forum

INCLUDED IN

Ambulatory Care Quality Alliance
Physician Quality Reporting Initiative

ADAPTATION

This measure was harmonized to the extent possible with hospital level measures for stroke developed by The Joint Commission.

PARENT MEASURE

Unspecified

RELEASE DATE

2006 Sep

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American Academy of Neurology, American College of Radiology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Stroke and stroke rehabilitation physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2006 Sep. 19 p.

MEASURE AVAILABILITY

The individual measure, "Measure #2: Discharged on Antiplatelet Therapy," is published in the "Stroke and Stroke Rehabilitation: Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on September 13, 2007.
The information was verified by the measure developer on October 26, 2007.

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